

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 29 1948

Registration District No. 217

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3045

State File No. 113405

Registrar's No. 3-1

1. PLACE OF DEATH:

(a) County Mississippi  
Charleston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 610 E. Cypress St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution All of Life  
(Specify whether in this community All of Life years, months or days)

3. (a) PRINT FULL NAME Emily Lynn Raithel

3. (b) If veteran, name war No. 3. (c) Social Security No. Not Known

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Victor Raithel 6. (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased April 7, 1908  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 0 6 hr. min.

9. Birthplace Charleston, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business None

12. Name William Homer Lynn

13. Birthplace Charleston, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Willie Belle Curry

15. Birthplace Webster Co., Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Willie Belle Lynn

(b) Address Charleston, Missouri

17. (a) Burial (b) Date thereof 4-15-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery

18. (a) Signature of funeral director John P. Minnick

(b) Address Charleston, Missouri

19. (a) 4-21-48 (b) Mrs. John P. Minnick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi  
(c) City or town Charleston  
(If outside city or town limits, write "RURAL")  
(d) Street 610 E. Cypress  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th  
year 1948 hour 8:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 10, 1947 to April 13, 1948  
that I last saw her alive on April 13, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma uterus Duration 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 4/13

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature C. E. P. Roneel (M. D. number)

Address Charleston, Mo Date signed 4/15/48

RECEIVED •

District Health Office No. 2

District File Number 448-538

Date Filed 4-26-48

FEB 10 1950

MAY 6 1948

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.